

**DO NO HARM:  
A POLICYMAKER'S GUIDE TO EVALUATING  
HUMAN SERVICES AND THEIR ALTERNATIVES**

John L. McKnight  
Director of Community Studies  
Center for Urban Affairs & Policy Research and  
Professor, Communication Studies & Urban Affairs  
Northwestern University  
Evanston, Illinois

The medical profession has long understood that its interventions have the potential to hurt as well as help. Hippocrates, the founder of western medicine, created a physicians' oath that is repeated by medical initiates to this day. It concludes with the primary mandate, "This above all, do no harm." This early recognition<sup>1</sup> of harmful medicine is designated in current medical language as the problem of iatrogenic disease, e.g., doctor created maladies.

Medical research institutions and governmental bodies throughout the western world make major investments in personnel, research and regulation to determine which proposed or existing medical interventions will help more than hurt. This investment is based upon the assumption that almost every intrusive intervention will have some negative consequences regardless of its purported benefits.

Much of the positive reputation of the medical profession flows from the assumption that embedded in each proposed intervention is a primary question: "Will this initiative help more than hurt?" Every intervention is assumed to have this dual potential. The responsible professional is bound by Hippocrates to consider the balance before acting. There is to be no assumption that, because the intervention is called medicine, or the intervention is well intended, that the intervention is justified. Indeed, in the most ethical practice, the burden of proof for efficacy is upon the physician.

This Hippocratic tradition of the medical profession is in stark contrast to the theory, research and practice in most other "human service" professions. It is a rare instance when one finds significant professional conceptualizations of the iatrogenic effect of professionals in the fields of social work, developmental disabilities, physical disability, care of the elderly, youth work, child abuse, etc. In these fields, systematic research consistently evaluating the negative effects against benefits is infrequent. Instead, evaluation usually focuses on whether an intervention "made a difference." The presumption is that it will help if it has an effect and that if it has no measurable effect, it hasn't hurt. There is, in fact, a professional culture that assumes the harmlessness of human service interventions.

Some observers suggest that the lack of a rigorous analysis of the negative effects of most human services is because they are not "powerful" interventions compared to the chemicals and scalpels of medicine. Instead, there is an unstated assumption that these non-medical professions are searching for something that "works" within fields characterized by effective, neutral or abandoned initiatives, none of which could have basically injured their clients. It is this naive assumption that has degraded the non-medical human service professions and contributed to popular impressions that many of the clients of these professions are not worth a public investment. Indeed, we now hear the constant claim that the clients of human service professionals—the poor, disadvantaged, disabled, young and old—have not been helped by "pouring money on the problem." The client is usually blamed for not blooming under this "rain of dollars." What has actually happened, however, is that money has been "poured" into the programs of human service professionals<sup>2</sup> and we have no idea whether the effects of their ministrations have been iatrogenic. Instead, the labeled and vulnerable in our society are blamed. From this perspective, the regressive public policies of the last decade can be understood as an era of blaming the client for many of the iatrogenic practices of human service professionals. Regressive policymakers and human service professionals have made unintended common cause because the profession is unable to analyze its interventions as the potential cause of failed policy. Thus, the client is increasingly defined as "non-compliant" or "the underclass" as a means of placing responsibility for failed interventions upon the purported beneficiary.

If we are to recover the potential of public policy as an asset for those who are labeled, exploited and excluded, it is critical that we begin to understand the iatrogenic aspects of the major agent of public policy—the human service professions. When we can conceptualize the structurally negative effects of their interventions, we can begin a reasoned decision-making process regarding the two basic questions that should determine social policy. The first is, "Which of the competing human service solutions have more benefits than costs?" The second, and equally important, is, "Is there a less iatrogenic solution that does not involve human service methods?"

This latter question is a critical element of the policy-making process. We often forget that a human service is only one kind of response to a human condition. There are always many other possibilities that do not involve the decision to use a tool that involves paid experts and therapeutic concepts.

Mark Twain reminds us that "If your only tool is a hammer, all problems look like nails." While the human service tool

has undoubted efficacy in particular situations, it can also do great harm where it is used inappropriately. All the problems of those who are vulnerable, exploited, excluded or labeled are not nails. They do not always "need" human services. More often, they may "need" justice, income, and community. Therefore, many people can be badly harmed by the use of the human service hammer.

This paper is an attempt to formulate a conceptual framework to assess the iatrogenic effects of the tool called human services. What structurally negative effects does it incorporate? When is it inappropriately used? And what methods might test the iatrogenic potential?

There are at least four structurally negative characteristics of the human service tool.

The first is the consequence of seeing individuals primarily in terms of their "needs." We are all familiar with the conundrum asking for a description of a glass that is filled with water to the mid-point. Is it "half empty" or "half full"? Each of us can be conceived in terms of this glass.

We are partly empty. We have deficiencies.  
We are also partly full. We have capacities.

Human services professionals focus on deficiencies, call them "needs," and have expert skills in giving each perceived deficiency a label. The negative effects of this diagnostic process have been thoroughly explored in the literature regarding labeling theory. Therefore, we are generally aware that to be diagnosed and labeled as "mentally ill" or "disadvantaged" carries a heavy negative social consequence.

What is less well understood is the fact that the labeling professions force us, structurally, to focus on the empty half when the appropriate focus may be the full half. For example, many people labeled "developmentally disabled" or "physically disabled" are never going to be "fixed" by the service professions. Nonetheless, they are frequently subjected to years of "training" to write their name or tie their shoe. This same person may have many capacities that are unused and unshared while their life is surrounded by special services that will demonstrably fail to fix the deficiency. Thus, the denial of opportunity to express capacities is often the structurally iatrogenic effect of the use of ineffective therapeutic tools.

For those whose "emptiness" cannot be filled by human services, their "need" is the opportunity to express and share their gifts, skills, capacities and abilities with friends, neighbors and fellow citizens in the community. As deficiency oriented service systems obscure this fact, they

inevitably harm their client and the community by preempting the relationship between them.

The second structurally negative effect of the use of the human service tool is its effect on public budgets. It is clear to every elected official that the public purse is limited. Modern legislative process is mainly about the division of that purse. To give to one activity, (defense) usually means giving less to another (agriculture or education). Therefore, a realistic approach to public policy and expenditure always required an understanding of trade-offs—who or what gets less as something else gets more.

It is obvious that this process occurs between major expenditure categories such as education, highways, defense, medicine and agriculture. It is equally true that these trade-offs take place within each of these categories. We understand this trade-off, for example, as it is publicly debated about the defense budget. Should we have more land based bombers or more missiles? There is a choice to be made.

The same process occurs within the human service budget. Here, however, it is less well understood because the basic competition for the limited funds available for the "disadvantaged" is between the human service system and cash income for labeled people. Service system lobbyists and advocates see the competition for limited public resources as a competition between various service providers and systems. They rarely recognize or acknowledge, however, that the net effect of their lobbying is to limit cash income for those they call "needy" and increase the budget and incomes of service programs and providers.

This competition between service providers and allocations for cash income to those in need is clearly demonstrated by a recent federal study. It found that, between 1960 and 1985, federal and state cash assistance programs grew 105 percent in real terms while non cash programs for services and commodities grew 1,760 percent. By 1985, cash income programs amounted to \$32.3 billion while commodity and service programs received \$99.7 billion.

The service system's pre-emption of public wealth designated for the "disadvantaged" is also demonstrated by recent studies of poverty allocations in New York City and Chicago.<sup>7</sup> Both studies demonstrate that over 60% of all public funds allocated in those cities for low income people are allocated for services rather than income.

A careful analysis of the effect of this service-for-income trade-off identifies the structurally iatrogenic effect of building more and more tools for human service. The cost of these tools is basically borne by vulnerable people whose

access to choice through cash income is traded for human services. The iatrogenic effect of this trade-off is devastating for those labeled people whose primary "need" is income and market choice. This is also the case for those whose lives cannot be "fixed" by service intervention. Nonetheless, we have no effective measures that allow legislators or policymakers to assess whether public investments for services would be more enabling as cash income. As a consequence, most legislative debate about the needy is about services, which services to fund, and for how much. The result has been a piling up of publicly funded services and a stagnation in commitments to income. The iatrogenic consequence of this process is poisoning the lives of those millions of clients whose primary "need" is income, choice and economic opportunity rather than service, therapy and labels.

The third structurally negative effect of the human service tool is its impact upon community and associational life. Understanding the community as the social space where citizens and their associations solve problems, the human service professional and system is an alternative method of problem solving. As the professional with claims to expertise enters community space, citizens and their associations are taught by the hidden pedagogy of professions that they will be better because someone else knows better. The "someone else" with special expertise, technique and technology pushes out the problem solving knowledge and action of friend, neighbor, citizen and association. As the power of profession and service system ascend, the legitimacy, authority and capacity of citizens and community descend.<sup>8</sup> The citizen retreats. The client advances. The power of community action weakens. The authority of service system strengthens. And as human service tools prevail, the tools of citizenship, association and community rust. Their uses are even forgotten. And many local people come to believe that the service tool is the only tool and that their task as good citizens, is to support taxes and charities for more service tools.

The consequence of this professional persuasion is devastating for those labeled people whose primary "need" is to be incorporated in community life and empowered through citizenship. These people include those frequently labeled as developmentally disabled, physically disabled, elderly, ex-convict, etc. They desperately "need" incorporation into community life but the community of citizens and associations has often been persuaded by human service advocates that vulnerable people:

- need to be surrounded by professional services in order to survive
- are therefore appropriately removed from community life in order to receive these special service programs in special places

- cannot be incorporated into community life because citizens don't know how to deal with these special people

The result of this professional pedagogy is a disabled citizenry and impotent community associations, unable to remember or understand how labeled people were or can be included in community life. Instead, of seeing that the "need" of most labeled people is the empowerment of joining community life as a citizen, expressing capacities and making choices, many good willed citizens volunteer to assist service systems free of charge. In this simple act, citizen volunteers trade-off their unique potential to bring a labeled person into their life and the associational life of community for the use of their time and person as an unpaid agent for a service system. The community group that should ask a person with a disability or a vulnerable person to join as a member decides, instead, to raise money for wheelchairs and rehabilitation centers. The associations of community life are led to support segregating, professionally controlled athletic events rather than incorporating a labeled person into a church bowling league.

In this manner, community life is weakened and distorted as citizens, now called volunteers, are converted into fund raisers for service professionals and unpaid workers for service systems. And yet the progressives within these very service systems universally recognize that the primary need of many of their clients is incorporation into community life and empowerment as citizens. If this is the case, then the primary "need" of citizens is the confidence and capacity to bring those who have been service exiles back into community life. And the "need" of our communities is to incorporate, enjoy and celebrate the capacities of people excluded because of their label.

To meet these needs for incorporation, it is necessary to recognize that the human service tool usually limits, weakens or replaces community, associational and citizen tools. It is in the nature of the human service tool because it is built on the premise that vulnerable people will be better because an expert knows better.

The fourth structurally negative consequence of using human service programs is that they can create, in the aggregate, environments that contradict the potential positive effect of any one program. This is because, when enough programs surround the lives of a client, they can combine to create a new environment that is different than the environment in which any one of the programs might be efficacious.

This particular iatrogenic effect is difficult to comprehend because it grows from the use of human service programs, any one of which might seem reasonable standing alone. Indeed,

most individual service programs appear reasonable and "needed" when presented to legislators. What is invisible is the effect of the program when it is joined by many other service programs as they surround the life of a labeled person. In this process, when enough services surround a life, they reach a point where the services themselves create a new environment that has its own peculiar incentives, rewards, and penalties.

The process is analogous to an aggregation of trees. If one lives in an urban neighborhood there are usually trees in yards and parkways. We would not say, however, that people in that neighborhood live in a forest. Rather there are trees in their neighborhood.

Nonetheless, we all know there is a difference when we walk into a forest, even though the trees in the forest may be the same kind as the trees in the neighborhood. The reason is that there are enough trees in a forest to create a new environment that does not exist in the neighborhood. In the forest, the shade and fallen leaves kill off grasses. In their place appear new wild flowers and bushes. The grassland animals are replaced by those that live in trees. Prairie birds are replaced by forest birds. The forest flora and fauna creates a different world and most people even act differently in a forest, even though it is a place comprised of trees familiar from their neighborhood.

By analogy, each individual service program is like a tree. But when enough service programs surround a person, they come to live in a forest of services. The environment is different than the neighborhood or community. And people who have to live in the service forest will act differently than those people whose lives are principally defined by neighborhood relationships.

We all recognize the forests of services that are called institutions. They are places where people live wholly surrounded by service professionals, programs and plans. The uniqueness of this environment is emphasized by large buildings, walls, fences, etc. Nonetheless, forests of services can be created without walls or large buildings. Places called group homes, halfway houses and convalescent homes are usually service forests. Also, some labeled individuals who live with their family can be so fully served by professionals that their life is lived in a forest although their residence is in a neighborhood.

There are also low-income neighborhoods where so many people live lives surrounded by services that the neighborhood itself becomes a forest. People who live in this neighborhood forest are now called the "underclass." This is an obvious misnomer. Instead, we should say that the neighborhood is a

place where citizens act as you and I would if our lives were similarly surrounded and controlled by paid service professionals. A more accurate label than "underclass" would be "dependent on human service systems." A more accurate differentiation of status would be to say the residents are "clients" rather than "citizens."

When the services grow dense enough around the lives of people, a circular process develops. A different environment is created for these individuals. The result of this non-community environment is that those who experience it necessarily act in unusual and deviant ways. These new ways, called inappropriate behavior, are then cited by service professionals as proof of the need for separation in a forest of services and the need for more services.

The disabling effect of this circular process is devastating to the client and to our communities. The public is understandably mystified. Each individual program appears to be reasonably needed and appropriate. However, in the aggregate, each program has become ineffective and often harmful.

The situation is analogous to a person who dies of taking 20 different pills, any one of which might have been helpful. Physicians have long recognized this interactive iatrogenic effect. Service systems have not. Instead, it is the nearly universal prescription of human service systems that what is needed is more programs, more services, more "targeting," and larger forests. The result is predictably counterproductive. Costs increase. Programs proliferate. Forests grow. Clients multiply. Behaviors adapt to the forest and are called maladaptive. The cycle spirals downward and the failures are blamed on the victims who are called clients and the underclass.

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Once we recognize the four structurally negative effects of human service tools, it is possible to rationally consider the policy choices we face. We can begin to answer the two essential policy questions. First, will the service or services help more than hurt? Second, is there a better response than a human service intervention?

This evaluation can occur once we identify the four structurally negative consequences of the use of human service tools:

1. Human services emphasize deficiencies and diminish emphasis upon capacities.
2. Human services create a demand on public budgets that diminish emphasis on cash income.



3. Human services focus on problem solving by experts and systems while diminishing problem solving capacities of citizens and community.
4. A dense environment of services will intensify dependency, stimulate deviance and neutralize the positive potential of individual programs of service intervention.

The iatrogenic manifestation of these policy choices in the lives of people can now be specified. A decision to use a human service intervention may have a tendency to:

1. Undermine the sense of capacity and self worth of a client.
2. Reduce the cash income and market choices of the client.
3. Decrease participation in community life by the client.
4. Decrease the power of the client to make decisions as a citizen.

In summary, these iatrogenic effects tell us that policymakers and practitioners should be constantly aware that the use of human service tools places a person at risk of a reduced sense of self worth, being poor, being segregated from community life and being disempowered as a citizen. Obviously, these are tremendous potential risks. They demand the most serious reevaluation of policies that empower human service professionals and systems to intervene in the lives of labeled and vulnerable people.

A practical framework for this policy reevaluation would begin by placing the burden of proof upon those who propose a human service intervention as a means of helping a person with a particular condition. This "burden" is analogous to that placed by the Food and Drug Administration as it evaluates the use of various medical interventions. The intervener has the responsibility to both identify the negative side effects and prove the benefits are greater than the negative side effects.

This is an excellent model for evaluating proposed human service interventions. The service advocate should be required to identify the negative effects, present evidence of the benefits and demonstrate that the benefits outweigh the negative effects. The effect of such a rigorous evaluation would create a positive new force in the lives of labeled people. The service agency, department or professional would be asked by legislators, public executives, boards of directors, foundations or groups of labeled people

to specify the negative effects of their proposals. This wholesome new discipline placed upon the service advocates would often create a revolutionary reexamination of their assumptions and practices.

In addition to the burden of proof regarding the negative effects and benefits of a particular service intervention, the service advocate should also be required to present evidence that the intervention will not be used cumulatively, creating a service forest. Just as the ethical medical professional recognizes and protects against the negative effects of the interaction between many drugs, the human service professional should be required to identify the negative effect of aggregating programs around a person's life and define the safeguards that will be used to protect against the dependency and deviance that so frequently results from a "forest" of services.

Once both requirements are met by service advocates and the particular and interactive negative effects are clarified, policymakers will quickly recognize that the use of a particular human service tool is not necessarily good or even neutral. They will see that a service is a potentially injurious tool and begin to ask whether other kinds of non-service resources, activities or opportunities might be appropriate for the person said to be in need of a service. They would begin to ask, "Is there a different kind of approach that doesn't involve a human service that might be more effective and have less negative effect?"

Here, again, the medical analogy is helpful. While the Food and Drug Administration may approve a medicine as being more beneficial than harmful, an ethical physician does not assume that it should therefore be prescribed. Instead, the physician asks whether there are other, more effective ways of dealing with the condition that do not involve use of the drug and its negative effects.

An example is the current protocol for high blood pressure. All the approved medicines have some significant negative effects. Therefore, ethical physicians first seek non-medical alternatives before risking the medicine. This often involves advising clients to undertake an exercise program, reduce their weight and decrease salt intake.

Similarly a review of policy options to address conditions of vulnerable and labeled people should systematically examine non-human service responses that may provide the same or better results with less or no negative side effects.

This policy options review requires that policymakers have a set of alternatives to test against the human service intervention. Fortunately, there are at least three alternatives that have historically proven effective in addressing the

conditions of many of those who are vulnerable, labeled or said to be in need.

The first option is to identify the capacities, skills or potential contributions of the persons said to be in need. What policies, resources or activities could result in the exercise, expression, visibility and magnification of those assets? For example, many people labeled "developmentally disabled" have been found to thrive and flourish when they escape a "forest" of professional services and are provided community opportunities to express their unique gifts. Similarly, low-income people, neighborhoods and public housing developments experience a regenerating experience when they focus on their capacities rather than problems, deficiencies and needs.<sup>10</sup> However, in the case of both groups of people, the fields of the local human service agencies and authorities are filled with descriptions of their needs, deficiencies, diagnoses and problems. Therefore, those agencies are not useful as a resource for capacity oriented development. Policymakers will need to find other activities and supports if the assets and capacities of people and communities are to be viewed as the basic problem solving tools.

The second option is to provide cash income in lieu of access to prepaid or vouchered human services. This option provides an opening to many new opportunities and even creates better services. The advantages of income over services include:

- providing empowering choices in a free market.
- providing choices between services, thus creating a competitive market that will improve services.
- creating a market in low-income areas where mainline enterprises will have an incentive to reach out to low-income people.

There is, of course, the stereotypic concern that "disadvantaged" people might not use their income wisely. However, there is no evidence that, as a group, they are less wise in the use of their money than doctors, psychologists, social workers or other professionals who are now the primary beneficiary of the dollars appropriate for low-income and other labeled people. Perhaps we should conduct comparative studies of the uses of income by "disadvantaged" and "advantaged" people to ascertain the patterns of choice exercised by each. A reasonable hypothesis would be that, in general, those whose cash income is lowest would spend cash increases on basic needs while those whose basic needs are met might spend on non-essentials.

The third option is to seek participation in community life

and citizenship activities rather than human service interventions. This option flows from the fact that many vulnerable people are primarily disabled by their segregation from community life in institutions, "special" programs or service ghettos.<sup>11</sup> Paradoxically, their lives improve significantly whenever they leave service systems and become effectively incorporated in community life.<sup>12</sup> Therefore, the challenge is to create policies that stimulate the hospitality of citizen associations and community groups so that they will incorporate and share the capacities and gifts of those who have been excluded because of their labels.

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Our purpose in this analysis has been to establish two basic premises:

1. Human service interventions have negative effects as well as benefits.
2. Human service interventions are only one of many ways to address the condition of people who are labeled.

Many of our failed reforms and programs during the last two decades are the result of our failure to recognize these two realities. When policymakers begin to evaluate human service proposals from the perspective of these two premises, we will create much more effective means of problem solving.

Operationalizing these premises is reasonably simple. They can be expressed in five basic questions that can be asked by any person responsible for policies affecting those citizens who are specially vulnerable, disadvantaged or exploited:

1. What are the negative effects of the human service proposed to help the class of people?
2. What are the situations where the proposed service may be applied with many other services and what interactive negative effects will result?
3. Will a focus on the capacities of the class of people be more effective than a service program's focus on deficiencies and needs?
4. Will providing the dollars proposed for funding the human service provide greater benefits if given to the clients as cash income?
5. Will incorporation into community life be more

beneficial than special, separating service treatments.

The last three questions incorporate the central values of a free and democratic society. They recognize that the greatest "service" our society provides is the opportunity: 1) to express our unique capacities; 2) to have a decent income; and 3) to join with our fellow citizens in creating productive communities. No human service professional or program will ever equal the healing and empowering effect of those three democratic opportunities. Therefore, policies that support citizen capacity, income and community should have preference over other forms of intervention that are necessarily second rate and second best responses. Effective democratic policy is guided by three powerful principles: citizenship, income and community.

END

## FOOTNOTES

1. Hippocrates lived from 460-377 B.C.
2. Up From Dependency. Supplement 1, Volume 1, Executive Office of the President (1986) reports the major increases between 1960 and 1985 in public allocations to service systems for low-income populations.
3. For the seminal analysis of modern therapeutic counter-productive, see Ivan Illich, Medical Nemesis (New York: Pantheon, 1976).
4. Wolf Wolfensberger, The Origin and Nature of Our Institutional Models (Syracuse, New York: Human Policy Press, 1975).
5. Mary O'Connell, The Gift of Hospitality, Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois (1988) is a report of local initiatives designed to counteract this iatrogenic effect in the lives of people labeled developmentally disabled.
6. Up From Dependency, op. cit., pp. 12-14.
7. David Grossman and Geraldine Smolka, New York City's Poverty Budget, Community Service Society of New York, New York (1984), Diane Kallenback and Arthur Lyons, Government Spending for the Poor In Cook County. Illinois: Can We Do Better?. Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois (1989).
8. Ivan Illich et. al., Disabling Professions, (London: Marion Boyars, 1977).
9. Mary O'Connell, op. cit.
10. John McKnight, The Future of Low-Income Neighborhoods and the People Who Reside There. Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois.
11. David J. Rothman, The Discovery of the Asylum (Boston: Little, Brown 1971).
12. Robert Woodson, A Summons to Life (Cambridge, Massachusetts: Ballinger 1981).